

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO

**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet

1

of

1

**Complete if Known**

|                               |                              |
|-------------------------------|------------------------------|
| <b>Application Number</b>     | 09/641,866                   |
| <b>Filing Date</b>            | 08/18/2000                   |
| <b>First Named Inventor</b>   | Charles E. BERNASCONI et al. |
| <b>Art Unit</b>               | 3626                         |
| <b>Examiner Name</b>          | Kristine K. Rapillo          |
| <b>Attorney Docket Number</b> | 087354-0108                  |

**U.S. PATENT DOCUMENTS**

| Examiner Initials* | Cite No. <sup>1</sup> | Document Number                          | Publication Date<br>MM-DD-YYYY | Name of Patentee or Applicant of<br>Cited Document | Pages, Columns, Lines, Where<br>Relevant<br>Passages or Relevant<br>Figures Appear |
|--------------------|-----------------------|--|--------------------------------|--|--|
|                    |                       | Number-Kind Code <sup>2</sup> (if known) |                                |  |  |
| /K.R./             | A1                    | US - 6,408,337                           | 06-18-2002                     | DIETZ et al.                                       |  |
|                    |                       |  |                                |  |  |
|                    |                       |  |                                |  |  |
|                    |                       |  |                                |  |  |
|                    |                       |  |                                |  |  |

**UNPUBLISHED U.S. PATENT APPLICATION DOCUMENTS**

| Examiner Initials* | Cite No. <sup>1</sup> | U.S. Patent Application<br>Document                | Filing Date of<br>Cited Document<br>MM-DD-YYYY | Name of Patentee or Applicant of<br>Cited Document | Pages, Columns, Lines,<br>Where Relevant<br>Passages or Relevant<br>Figures Appear |
|--------------------|-----------------------|--|--|--|--|
|                    |                       | Serial Number-Kind Code <sup>2</sup><br>(if known) |  |  |  |
|                    |                       |  |  |  |  |
|                    |                       |  |  |  |  |
|                    |                       |  |  |  |  |
|                    |                       |  |  |  |  |
|                    |                       |  |  |  |  |

**FOREIGN PATENT DOCUMENTS**

| Examiner Initials* | Cite No. <sup>1</sup> | Foreign Patent Document   | Publication Date<br>MM-DD-YYYY | Name of Patentee or<br>Applicant of Cited Documents | Pages, Columns, Lines,<br>Where Relevant<br>Passages or Relevant<br>Figures Appear |
|--------------------|-----------------------|---|--------------------------------|---|--|
|                    |                       | Country Code <sup>3</sup> -Number <sup>4</sup><br>Kind Code <sup>5</sup> (if known) |                                |   |  |
|                    |                       |   |                                |   |  |
|                    |                       |   |                                |   |  |
|                    |                       |   |                                |   |  |
|                    |                       |   |                                |   |  |
|                    |                       |   |                                |   |  |

**NON PATENT LITERATURE DOCUMENTS**

| Examiner Initials* | Cite No. <sup>1</sup> | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.) date, page(s), volume-issue number(s), publisher, city and/or country where published. | T <sup>6</sup> |
|--------------------|-----------------------|--|----------------|
|                    |                       |  |                |
|                    |                       |  |                |
|                    |                       |  |                |
|                    |                       |  |                |
|                    |                       |  |                |

Examiner Signature

/Kristine Rapillo/

Date Considered

07/29/2010

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 See Kind Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04, 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. 6 Applicant is to place a check mark here if English language translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file with the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.